

Cannabis Patients United

Advocacy for Medical Cannabis Patients

SB 660

Cannabis Patients United(CPU) is a 501(c)4 group based in Michigan and focused on Legislative and Judicial issues pertaining to the medical use of cannabis.

CPU opposes SB 660. We oppose the bill because of the many discriminatory aspects in the bill against patients rights and choices, and because of the lack of understanding on how a Schedule 2 narcotic is procured and distributed through pharmacies by the FDA. A schedule 2 narcotic is prescribed equally by physicians without discrimination and with equal access at all pharmacies throughout the entire country. SB 660 attempts to subvert a well established system already in operation. The manufacture and distribution of a Schedule 2 narcotic will be handled through Federal contracting and any involvement in the manufacture, procurement and distribution will be handled through the FDA. The FDA already currently contracts out it's medical marijuana production through the University of Mississippi.

SB 660 serves no purpose whatsoever and overlooks the basics of why the current medical cannabis system in Michigan works under Federal law as a schedule 1 narcotic and how a schedule 2 narcotic will work once accepted at the Federal level.

A few recommended amendments:

1) Identifying the Proper Federal Department. (red=remove, blue=add)

Sec. 7212 subsection(2): (2) marihuana, including pharmaceutical-grade cannabis, is a schedule 2 controlled substance if it is manufactured, obtained, stored, dispensed, possessed, grown, or disposed of in compliance with this act and as authorized by ~~federal authority.~~ The Food and Drug Administration.

2) Discriminatory practices and requirements that will not exist under a Federal Schedule 2 Narcotic. Patients will have equal access without such restrictions.

~~Sec. 8151: A physician who determines that his or her patient is likely to receive therapeutic or palliative benefit from the use of pharmaceutical-grade cannabis to treat or alleviate the patient's debilitating medical condition or symptoms of the patient's debilitating medical condition may recommend the issuance of an enhanced pharmaceutical-grade cannabis registration card to that patient as an eligible patient.~~

3) Medical Access Discrimination against Patients with Felonies. Unconstitutional.

Sec. 8152 subsection (1): The department may issue an enhanced pharmaceutical-grade cannabis registration card to an eligible patient who is recommended by a physician to obtain a registration card and who properly applies for that card. Before issuing a card to an eligible patient under this section, the department shall determine whether the individual has previously been convicted of illegally manufacturing, creating, distributing, possessing, or using a controlled substance or conspiring or attempting to manufacture, create, distribute, possess, or use a controlled substance in this state or elsewhere. If the individual has previously been convicted of illegally manufacturing, creating, distributing, possessing, or using a controlled substance or conspiring or attempting to manufacture, create, distribute, possess, or use a controlled substance in this state or elsewhere, the department shall not issue a registration card to that individual.

4) Required removal from the Michigan Medical Marihuana Program to participate in the Pharmaceutical grade program. Harmful and unnecessary against patients.

Sec. 8152 subsection (2): If an individual has a registry identification card as defined in section 3 of the Michigan Medical Marihuana Act, 2008 il 1, MCL 333.26423, the department shall require the individual to surrender that card before issuing the individual an enhanced pharmaceutical-grade cannabis registration card under this section.

5) No Information is needed to be added to the LEIN system. As stated, A schedule 2 narcotic is already handled in a specific way. The information will be recorded in the Michigan Automated Prescription System(MAPS).

Sec. 8153 subsection (1) and (2): (1) The department shall ensure that the following information for each pharmaceutical-grade cannabis registration card is entered into the law-enforcement information network:

(a) the card registration number.

(b) the name and address of the individual to whom the card is issued.

(c) the date the card was issued.

(d) the name and address of the physician who authorized issuance of the card.

(2) subsection (1) does not authorize the department to enter any information into the law-enforcement information network regarding the diagnosis supporting issuance of the card or any medical information regarding the individual to whom the card has been issued.

6) Dosages vary greatly between patients. Physicians and Patients will determine the proper dosages as they do with every Schedule 2 narcotic. Federal guidelines suggest 7-9 ounces of Medical Marihuana per month.

Sec. 8154 subsection (1)(c): (c) The dosage and instructions for use, which shall include the percentage of total thc and the percentage of total cbd. ~~A prescription for pharmaceutical-grade cannabis shall not allow the individual to whom the prescription is issued to obtain more than 2 ounces of pharmaceutical-grade cannabis within a 30-day period.~~

7) A federal Schedule 2 Narcotic prescription does not discriminate access by Age.

Sec. 8154 subsection (1)(e): (e) the name, address, and age of the eligible patient for whom the pharmaceutical-grade cannabis is prescribed. ~~Pharmaceutical-grade cannabis shall not be prescribed to an individual less than 18 years of age.~~

8) Irradiation of Cannabis is Unnecessary, questionable and not allowed by Federal regulations currently governing the irradiation of food and medicinal products.

Sec. 8303 subsection (7): ~~(7) A licensed facility shall irradiate all pharmaceutical-grade cannabis in the manner determined by the department before delivering that pharmaceutical-grade cannabis to another person.~~

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HB 5104

Cannabis Patients United(CPU) is a 501(c)4 group based in Michigan and focused on Legislative and Judicial issues pertaining to the medical use of cannabis.

CPU is Neutral on HB 5104 based on the original version of the Bill. CPU believes the topic of extractions, edibles, and weights of these forms of medical marijuana is still ripe in the courts and yet to be fully adjudicated. CPU suggests allowing the Judicial process to complete before moving forward with this legislation. At the time full adjudication resolves, it will lay out a judicial framework with which we can then properly address this issue as needed.

Our main concern with HB 5104 and its current language is that by changing the definition of a Bona Fide Doctor / Patient relationship in Sec. 3(a) of the bill, we will have inadvertently required Physicians to not only oversee the patients condition, but to oversee all medical use of marijuana. This would put Doctors outside of Federal guidelines. CPU highly recommends either leaving the definition in it's original form, or to adopt our basic recommendation to simply oversee the patients condition as all physicians do.

1) Physician's should not be required to monitor the acquisition, possession, cultivation, manufacture, extraction, delivery, transfer or transportation of medical marihuana.

HB 5104 Sec. 3(a) subsection (3): *(3) The physician has a reasonable expectation that he or she will provide follow-up care to the patient to monitor the efficacy of the **MEDICAL** use of ~~medical~~ marihuana as a treatment of the patient's debilitating medical condition.*

HB 5104 Sec. 3(f): *(f) "Medical use **OF MARIHUANA**" means the acquisition, possession, cultivation, manufacture, **EXTRACTION**, use, internal possession, delivery, transfer, or transportation of marihuana, **USABLE MARIHUANA**, or paraphernalia relating to the administration of **USABLE** marihuana to treat or alleviate a registered qualifying patient's debilitating medical condition or symptoms associated with the debilitating medical condition.*

CPU Recommendation for HB 5104 Amendment:

Sec. 3(a) subsection (3): *(3) The physician has a reasonable expectation that he or she will provide follow-up care to the patient to monitor the ~~efficacy of the medical use of medical~~ marihuana as a treatment of the patient's debilitating medical condition.*

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HB 4271

Cannabis Patients United(CPU) is a 501(c)4 group based in Michigan and focused on Legislative and Judicial issues pertaining to the medical use of cannabis.

CPU is neutral on the issue of provisioning centers and thus neutral on the concept of HB 4271. But we must point out some minor flaws for amendment and a major flaw in practical implementation of the language in HB 4271 in the way it effects Patients and their Caregivers. Our recommendations pertain to House Draft version #4 and we support further discussion on this topic.

1) Interstate Commerce should be removed from the Bill. (red=remove)

Sec. 3 subsection(2)(a): Purchasing, receiving, selling, or transferring marihuana seeds or seedlings from or to ~~visiting qualifying patients~~, registered qualifying patients, registered primary caregivers, or provisioning centers.

Sec. 10 subsection (1): Except as otherwise provided in this Act, ~~a visiting qualifying patient~~, A registered qualifying patient, or registered primary caregiver who supplies, sells, transfers, or delivers marihuana to a provisioning center that is registered, licensed or otherwise allowed by the municipality in which it operates in compliance with this Act is not subject to any of the following for engaging in that activity:...

2) Consistency in basic commercial regulations and stated Federal preference on the concept of the 1000 ft Rule: (blue=add)

Sec. 7 subsection (1): ~~Unless explicitly allowed by a municipal ordinance that was in effect before the effective date of this act, a~~ A provisioning center or a safety compliance facility shall not be located within 1,000 feet of the property line of a preexisting primary or secondary school. ~~or house of worship.~~

3) Clear and Consistent Privacy for Patients and their Caregivers as deemed in the Michigan Medical Marihuana Act(MMMA). Inspections are not allowed in the MMMA. Removal of this language requested.

Sec. 10 subsection (1)(c): Search or inspection ~~except for an inspection authorized by the municipality.~~

4) Patients and Caregivers disallowed to transfer to Provisioning Centers because of restrictions in the MMMA. This presents a conflict of protections for transferring cannabis. The MMMA allows transfers to be protected from arrest if a caregiver transfers only to the registered qualifying patient to whom they are connected to through the departments registration process. HB 4271 does not override the MMMA. How can HB 4271 be considered reasonable language without amending the MMMA?

MMMA Sec. 4 (b): (b) A primary caregiver who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom he or she is connected through the department's registration process with the medical use of marihuana in accordance with this act.

As confirmed by the Michigan Supreme Courts decision in *McQueen*, There is only protection in transfers regarding registry connected patients and their registry connected caregiver. The transfer of medical marihuana is prohibited outside of that relationship except in a possible circumstantial Sec. 8 affirmative defense.

5) Visiting Qualifying Patients not allowed to acquire medical cannabis at provisioning centers.

Many states, such as Michigan, have reciprocity with other states to honor the others medical marijuana registration cards. It is a common sense and compassionate approach. But, the problem is, how does a patient travel from their home state to Michigan with their medicine through non medical cannabis states; or how does a Michigan patient travel to say Nevada with their medical cannabis? This has caused many a headache and many a problem for patients.

The answer is simple. In the case of Nevada, they have allowed Michigan patients to now purchase their medicine at the dispensaries in Nevada to be used in Nevada. This removes the problems associated with travel and the issue of interstate commerce via crossing of state lines with marijuana.

Michigan should easily adopt the same program as Nevada has and allow, upon a simple verification, for visiting qualifying patients to purchase their medical marihuana at a provisioning center.

CPU can help with the amendatory language.